

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		1						
4	1							
5		2						
6		2						
7		2						
8		2						
9		2						
10		2						
11		2						
12		2						
13		2						
14		2						
15		2						
16		2						
17		2						
18		2						
19		2						
20		2						
21		2						
22		2						
23		2						
24		2						
25		2						
26		2						
27		2						
28		2						
29	1							
30		1						
31		1						
32	1							
33		1						
34		1						
35		2						
36		2						
37		2						
38		2						
39		2						
40		2						
41		2						
42		2						
43		2						
44		2						
45		2						
46		1						
47		2						
48		2						
49		2						
50								
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.	14							
TOTAL DEP.	83							
TOTAL CLAIMS	97							